SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1673 / 3366 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRES	e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. KATHRYN H. LEWIS Mailing Address 450 W 15TH ST City TYRONE FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code PA 16686-2049 C Occupation RETIRED Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) KELLY R. LEWIS Mailing Address 723 OLDE TRAIL ROA City HUMMELSTOWN FEC ID number of contributing federal political committee. Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Primary General Other (specify)	State Zip Code PA 17036 C Occupation INFORMATION REQUESTED PEF Aggregate Year-to-Date 750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) MS. MARY ANITA LEWIS Mailing Address 1414 CONTINENTAL APARTMENT 1205 City CHATTANOOGA FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	DRIVE State Zip Code TN 37405-1524 C Occupation RETIRED Aggregate Year-to-Date ▼	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		1150.00